

DISPOSITION OF REMAINS - REIMBURSABLE BASIS

Form Approved
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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.

PRINCIPAL PURPOSE: To record the sponsor's disposition instructions for the remains. To record cost for necessary services and supplies. To record the name, address and telephone number of a person in CONUS who may be contacted concerning the remains, if necessary.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may delay processing and shipment of remains to final destination.

1. TO: (Recipients and address authorized distribution)		2. NAME OF DECEASED (Last, First, Middle Initial)	
		3. RELATIONSHIP TO SPONSOR	
4. NAME OF SPONSOR (Individual, Agency or Firm)		5. ADDRESS OF SPONSOR (Street, City, State and ZIP Code)	
6. GRADE OF SPONSOR	7. SSN OF SPONSOR		

I, THE UNDERSIGNED, DESIRE THAT DISPOSITION OF REMAINS BE EFFECTED AS INDICATED BELOW: (X applicable option)

8. OPTION 1	
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The port mortuary will furnish the requested services and supplies at a cost of \$ _____. I have reimbursed the Government in this amount. It is requested that the remains be shipped to the following funeral home:	
b. NAME OF FUNERAL HOME	c. ADDRESS OF FUNERAL HOME (Street, City, State and ZIP Code)
9. OPTION 2	
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The port mortuary officer is requested to release the remains to the following funeral home:	
b. NAME OF FUNERAL HOME	c. ADDRESS OF FUNERAL HOME (Street, City, State and ZIP Code)
10. OPTION 3 - ARRANGEMENTS DESIRED (Other than those described in Options 1 or 2)	

11. RELATIVE OF DECEASED (or other person) IN CONUS WHO MAY BE CONTACTED, IF NECESSARY

a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State and ZIP Code)	
c. RELATIONSHIP	d. TELEPHONE (Include Area Code)		
e. DATE SIGNED	f. SIGNATURE OF SPONSOR		